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Bib Data Sheet

CONFIRMATION NO. 6603

<b>SERIAL NUMBER</b> 10/521,044	<b>FILING OR 371(c) DATE</b> 12/07/2005 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> OMA003-US1
<b>APPLICANTS</b> Walid Nagib Aboul-Hosn, Fair Oaks, CA; <i>CF</i>				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/18638 06/11/2003 which claims benefit of 60/388,113 06/12/2002 and claims benefit of 60/431,174 12/04/2002 <i>CF</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>CF</i> <div style="text-align: right;"><b>** SMALL ENTITY **</b></div>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>CF</i> Verified and Acknowledged <i>CF</i> Examiner's Signature <i>[Signature]</i> Initials <i>CF</i>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 15
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> Jonathan Spangler 2875 Kalmia Place San Diego, CA92104				
<b>TITLE</b> Percutaneously introduced blood pump and related methods				
<b>FILING FEE RECEIVED</b> 365	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	